



INDIANA HEALTH COVERAGE PROGRAMS

PROVIDER REFERENCE MODULE

Chiropractic Services

LIBRARY REFERENCE NUMBER: PROMOD00021
PUBLISHED: JULY 9, 2020
POLICIES AND PROCEDURES AS OF JUNE 1, 2020
VERSION: 5.0

Revision History

Version	Date	Reason for Revisions	Completed By
1.0	Policies and procedures as of October 1, 2015 Published: February 25, 2016	New document	FSSA and HPE
1.1	Policies and procedures as of April 1, 2016 Published: July 28, 2016	Scheduled update	FSSA and HPE
2.0	Policies and procedures as of May 1, 2017 Published: August 1, 2017	Scheduled update	FSSA and DXC
3.0	Policies and procedures as of July 1, 2018 Published: October 16, 2018	Scheduled update	FSSA and DXC
4.0	Policies and procedures as of July 1, 2019 Published: November 5, 2019	Scheduled update	FSSA and DXC
5.0	Policies and procedures as of June 1, 2020 Published: July 9, 2020	Scheduled update: <ul style="list-style-type: none"> • Edited text as needed for clarity • Removed references to the chiropractor diagnosis-code restriction in the following sections: <ul style="list-style-type: none"> – <i>Diabetes Self-Management Training Services</i> – <i>Community Health Worker Services</i> 	FSSA and DXC

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Chiropractic Services

*Note: The information in this module applies to Indiana Health Coverage Programs (IHCP) services provided under the **fee-for-service (FFS)** delivery system. For information about services provided through the **managed care** delivery system – including Healthy Indiana Plan (HIP), Hoosier Care Connect, or Hoosier Healthwise services – providers must contact the member's managed care entity (MCE) or refer to the MCE provider manual. MCE contact information is included in the [IHCP Quick Reference Guide](#) at in.gov/medicaid/providers.*

For updates to information in this module, see [IHCP Banner Pages and Bulletins](#) at in.gov/medicaid/providers.

Introduction

The Indiana Health Coverage Programs (IHCP) covers medically necessary chiropractic services. Information on the scope of practice for chiropractors can be found in *Indiana Code IC 25-10-1-1*.

Billing and Reimbursement for Chiropractors

The IHCP limits claim payment for chiropractors (provider specialty 150) to certain designated procedure codes for chiropractic and related services. Reimbursement is not available for durable medical equipment (DME) or electromyogram (EMG) testing provided by chiropractors.

Additionally, the IHCP requires that chiropractors bill with certain International Classification of Diseases (ICD) diagnosis codes to indicate the medical necessity of the service provided.

For a list of IHCP-covered procedure codes for chiropractors, as well as a list of the appropriate diagnosis codes for chiropractors to use when billing the services to the IHCP, see *Chiropractic Services Codes*, accessible from the [Code Sets](#) page at in.gov/medicaid/providers.

See the [Claim Submission and Processing](#) module for general billing and coding information.

Chiropractic Services – Manipulative Treatment, Physical Medicine, and Office Visits

Chiropractic services are available to IHCP members, pursuant to restrictions outlined in the individual's benefit plan, when necessitated by a condition-related diagnosis. Prior authorization (PA) is not required for office visits. Muscle testing services, both manual and electrical, require PA. Specific criteria pertaining to PA for chiropractic services can be found in *Indiana Administrative Code 405 IAC 5-12*.

The IHCP limits reimbursement for chiropractic services to a total of **50 units per member per calendar year**. The 50 units can be a combination of office visits, spinal manipulation, or physical medicine services. However, the IHCP limits chiropractic *office visits* to five per year; that is, up to five of the 50 units can be office visits.

An office visit code is reportable on the same date as a manipulative treatment or a physical medicine service only if the visit constitutes a significant, separately identifiable evaluation and management (E/M) service. The office visit code is then billed with modifier 25 – *Significant, separately identifiable E/M*. The service must be above and beyond the usual preservice and postservice work associated with a manipulation or physical medicine service. Medical record documentation supporting the need for an office visit in addition to the manipulation or physical medicine service must be maintained by the provider and is subject to postpayment review.

New patient office visits are reimbursed only once per provider per lifetime of the member (and only once per 3-year period, for a provider of the same specialty and in the same practice). Reimbursement is **not** available for the following types of extended or comprehensive office visits:

- New patient detailed
- New patient comprehensive
- Established patient detailed
- Established patient comprehensive

Related Services Covered for Chiropractor Billing

In addition to covered chiropractic services, the IHCP also reimburses chiropractors for certain radiological, laboratory, diabetes self-management training, and community health worker services, as indicated on the *Covered Procedure Codes for Chiropractors (Specialty 150)* table in *Chiropractic Services Codes*, accessible from the [Code Sets](#) page at in.gov/medicaid/providers.

These codes are **not** subject to the chiropractic service 50-unit limitation.

Radiology Services

The IHCP reimburses chiropractors for designated radiology procedure codes only when such services are necessitated by a condition-related diagnosis approved for chiropractor billing. PA is not required.

Reimbursement for x-rays is limited to one series of full spine x-rays per member per year. Component x-rays of the series are individually reimbursable; however, if components are billed separately, total reimbursement is limited to the allowable amount for the series.

The IHCP does not reimburse for additional x-rays that could be necessitated by the failure of a practitioner to forward x-rays or related documentation to a chiropractic provider when requested. Chiropractors are entitled to receive x-rays from other providers at no charge to the member upon the member's written request to the other providers and upon reasonable notice.

See the [Radiology Services](#) module for additional information about this type of service.

Laboratory Services

The IHCP reimburses chiropractors for designated laboratory procedure codes only when such services are necessitated by a condition-related diagnosis approved for chiropractor billing. PA is not required.

See the [Laboratory Services](#) module for additional information about this type of service.

Diabetes Self-Management Training Services

The IHCP reimburses chiropractors for diabetes self-management training (DSMT) services billed with the appropriate procedure code-modifier combination. The DSMT service must be ordered in writing by a physician or podiatrist licensed under Indiana law, and the chiropractor rendering the service must have specialized training in the management of diabetes.

See the [Diabetes Self-Management Training Services](#) module for additional information

Community Health Worker Services

The IHCP reimburses for community health worker (CHW) procedure codes when the CHW meets certification requirements, is employed by an IHCP-enrolled billing provider, and renders the service under the supervision of a qualifying IHCP-enrolled provider, including chiropractors. PA is not required.

The supervising provider's National Provider Identifier (NPI) should be indicated as the rendering provider on the claim. The CHW's name must be included in the claim notes.

The IHCP limits reimbursement for CHW services to:

- 4 units (or 2 hours) per day per member
- 24 units (or 12 hours) per month per member

Services provided by a CHW are reimbursed at 50% of resource-based relative value scale (RBRVS). For current IHCP reimbursement rates, see the Professional Fee Schedule, accessible from the [IHCP Fee Schedules](#) page at in.gov/medicaid/providers.